

109TH CONGRESS
2D SESSION

H. R. 5790

To amend the Public Health Service Act to provide for demonstration projects to carry out preventive health measures with respect to colorectal cancer.

IN THE HOUSE OF REPRESENTATIVES

JULY 13, 2006

Ms. GRANGER (for herself, Mr. WYNN, and Ms. PRYCE of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for demonstration projects to carry out preventive health measures with respect to colorectal cancer.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Colorectal Cancer
5 Early Detection, Prevention, and Treatment Act”.

1 **SEC. 2. PREVENTIVE HEALTH MEASURES WITH RESPECT**
2 **TO COLORECTAL CANCER.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
5 tion 317S the following section:

6 **“SEC. 317T. PREVENTIVE HEALTH MEASURES WITH RE-**
7 **SPECT TO COLORECTAL CANCER.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Director of the Centers for Disease Control and Pre-
10 vention, may make grants to public and nonprofit private
11 entities for the purpose of carrying out not fewer than 20
12 demonstration projects for the following:

13 “(1) Providing screenings for colorectal cancer
14 to individuals who—

15 “(A) are 50 years of age or older; or

16 “(B)(i) are under 50 years of age; and

17 “(ii) are at high risk for such cancer.

18 “(2) Providing appropriate case management
19 and referrals for medical treatment of individuals
20 screened pursuant to paragraph (1).

21 “(3) Ensuring the provision of the full con-
22 tinuum of cancer care for individuals so screened, in-
23 cluding appropriate follow-up for abnormal tests, di-
24 agnostic and therapeutic services, and treatment for
25 detected cancers, which continuum is, as necessary,
26 but subject to subsection (e), provided for through

1 the use of amounts appropriated under subsection
2 (h).

3 “(4) Carrying out activities to improve the edu-
4 cation, training, and skills of health professionals
5 (including allied health professionals) in the detec-
6 tion and control of colorectal cancer, which activities
7 are carried out pursuant to the participation of the
8 health professionals in the projects.

9 “(5) Evaluating the projects through appro-
10 priate surveillance or program monitoring activities.

11 “(6) Developing and disseminating findings de-
12 rived through such evaluations and the collection of
13 data on outcomes.

14 “(7) Promoting the benefits of receiving
15 screenings through the projects.

16 “(b) PRIORITY FOR LOW-INCOME, UNINSURED INDIV-
17 IDUALS.—A grant may be made under subsection (a)
18 only if the applicant involved agrees that, in providing
19 screenings under paragraph (1) of such subsection, the ap-
20 plicant will give priority to low-income individuals who
21 lack coverage under health insurance and health plans
22 with respect to screenings for colorectal cancer.

23 “(c) SPECIAL CONSIDERATION FOR CERTAIN APPLI-
24 CANTS.—In making grants under subsection (a) for a fis-

1 cal year, the Secretary shall give special consideration to
2 the following applicants:

3 “(1) In the case of services under such sub-
4 section for women, to applicants that, for such year,
5 are grantees under title XV.

6 “(2) In the case of services under such sub-
7 section for men, to applicants that, for such year,
8 are grantees under section 317D.

9 “(d) USE OF CERTAIN STANDARDS UNDER MEDI-
10 CARE PROGRAM.—A grant may be made under subsection
11 (a) only if the applicant involved agrees as follows:

12 “(1) Screenings under subsection (a)(1) will be
13 carried out as preventive health measures in accord-
14 ance with evidence-based screening procedures as
15 specified in section 1861(pp)(1) of the Social Secu-
16 rity Act.

17 “(2) An individual will be considered high risk
18 for purposes of subsection (a)(1)(B)(ii) only if the
19 individual is high risk within the meaning of section
20 1861(pp)(2) of such Act.

21 “(3) The payment made from the grant for a
22 screening procedure under subsection (a)(1) will not
23 exceed the amount that would be paid under part B
24 of title XVIII of such Act if payment were made

1 under such part for furnishing the procedure to an
2 individual enrolled under such part.

3 “(e) RELATIONSHIP TO ITEMS AND SERVICES
4 UNDER OTHER PROGRAMS.—A grant under subsection
5 (a) may be made only if the applicant involved agrees that
6 the grant will not be expended to make payment for any
7 item or service to the extent that payment has been made,
8 or can reasonably be expected to be made, with respect
9 to such item or service—

10 “(1) under any State compensation program,
11 under an insurance policy, or under any Federal or
12 State health benefits program; or

13 “(2) by an entity that provides health services
14 on a prepaid basis.

15 “(f) RECORDS AND AUDITS.—A grant under sub-
16 section (a) may be made only if the applicant involved
17 agrees that the applicant will—

18 “(1) establish such fiscal control and fund ac-
19 counting procedures as may be necessary to ensure
20 proper disbursement of, and accounting for, amounts re-
21 ceived under subsection (a); and

22 “(2) upon request, provide records maintained
23 pursuant to paragraph (1) to the Secretary or the
24 Comptroller of the United States for purposes of au-

1 diting the expenditures of the grant by the appli-
2 cant.

3 “(g) REPORTS.—A grant under subsection (a) may
4 be made only if the applicant involved agrees to submit
5 to the Secretary such reports as the Secretary may require
6 with respect to the grant.

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated \$50,000,000 for fiscal year 2007, and
10 such sums as may be necessary for each of the fiscal years
11 2008 through 2011.”.

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